

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1		1								
2		1		1				51			
3		1		1				52			
4		1		1				53			
5		1		1				54			
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13		1		1				62			
14		1		1				63			
15		1		1				64			
16	1		1					65			
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44								93			
45								94			
46								95			
47								96			
48								97			
49								98			
50								99			
Total Indep			2	1				100			
Total Depend			29	1				Total Indep			
Total Claims			31	2				Total Depend			
								Total Claims			